

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU

APPLICATION FOR RECIPROCAL JOURNEYMAN LICENSE

A \$72.50 APPLICATION AND EXAMINATION FEE AND A \$15.00 LICENSE FEE (FOR A TOTAL OF \$87.50) MUST ACCOMPANY THIS APPLICATION. MAKE CHECK OR MONEY ORDER PAYABLE TO THE PLUMBING BUREAU AND MAIL TO: DIVISION OF BUILDING SAFETY, PLUMBING BUREAU, 1090 E. WATERTOWER ST., MERIDIAN, ID 83642. PLEASE USE INK WHEN COMPLETING THIS APPLICATION. ANNUAL RENEWAL FEE: \$7.50; REVIVAL FEE: \$15.00. LICENSES PAID BY CASH, MONEY ORDER, OR CASHIER'S CHECK WILL BE MAILED IMMEDIATELY. LICENSES PAID BY CHECK WILL BE HELD FOR TWO (2) WEEKS.

A COPY OF YOUR CURRENT JOURNEYMAN CARD AND CURRENT PICTURED IDENTIFICATION MUST ACCOMPANY THIS APPLICATION. AN IDAHO RECIPROCAL JOURNEYMAN LICENSE CANNOT BE USED TO OBTAIN A RECIPROCAL JOURNEYMAN LICENSE IN ANOTHER STATE. YOU MUST HAVE A CURRENT IDAHO PLUMBING CONTRACTOR LICENSE TO CONTRACT PLUMBING WORK IN IDAHO. ALL WASHINGTON APPLICANTS FOR A RECIPROCAL LICENSE MUST BE A RESIDENT IN THE STATE OF WASHINGTON AT THE TIME OF APPLICATION.

NOTE: AN IDAHO JOURNEYMAN MUST WORK IN THE EMPLOY OF AN IDAHO LICENSED PLUMBING CONTRACTOR AND CANNOT PERFORM PLUMBING WORK FOR ANY OTHER TYPE OF CONTRACTOR IN THE STATE OF IDAHO.

ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00, AS PER IDAHO CODE 28-22-105.

NAME: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GIVE NAME AND ADDRESS OF LAST TWO EMPLOYERS:

EMPLOYER: _____ TELEPHONE NUMBER: _____

STREET, BOX OR ROUTE CITY STATE ZIP CODE

EMPLOYER: _____

STREET, BOX OR ROUTE CITY STATE ZIP CODE

I, _____, BEING FIRST DULY SWORN, DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND ANY MISREPRESENTATIONS OR FALSE STATEMENTS ON THIS APPLICATION WILL CONSTITUTE GROUNDS TO REJECT OR RESCIND MY RECIPROCAL JOURNEYMAN LICENSE.

I UNDERSTAND THAT I AM RESTRICTED, WHILE HOLDING THE LICENSE HEREIN APPLIED FOR, TO EMPLOYMENT WITH AND UNDER THE DIRECTION OF A LICENSED PLUMBING CONTRACTOR.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC FOR:
COMMISSION EXPIRES: _____